

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NOS.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO JUVENILE COURT</b> <input type="checkbox"/> 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792 <input type="checkbox"/> 325 S. MELROSE DR., VISTA CA 92083-6634 <input type="checkbox"/> 500 3RD AVE., CHULA VISTA, CA 91910-5649 <input type="checkbox"/> 250 E. MAIN STREET, EL CAJON, CA 92020-3941	
CASE NAME(S): _____ DATE(S) OF BIRTH: _____	PETITION NUMBER(S): _____
<b>POST PERMANENCY PLAN REVIEW HEARING NONAPPEARANCE STATEMENT (Welfare &amp; Institutions Code sections 366.3(a), (d), (e) and (f))</b>	HEARING DATE & TIME: _____ DEPT.: _____

As counsel for the child(ren), I state the following:

- a. ☐ I/my representative last visited/spoke with the child(ren) on: \_\_\_\_\_.
- b. ☐ I have received the review report submitted by the HHSA and am submitting on the recommendations.  
☐ I am aware that the recommendation is for termination of jurisdiction.  
☐ The current permanent plan for the child(ren) continues to be appropriate.
- c. ☐ I have received the review report submitted by the HHSA and request the matter be calendared for an appearance hearing for reasons stated below.
- d. ☐ I have not received the review report in due course and am requesting the matter ☐ be continued for nonappearance ☐ be calendared for an appearance hearing.
- e. ☐ I have not received the review report in due course, but I have spoken to the social worker, and I believe the recommendations will remain status quo. If so, I submit.
- f. ☐ To the best of my knowledge, there are no current legal issues that need to be resolved.
- g. ☐ The child(ren) would benefit from the appointment of a C.A.S.A.
- h. ☐ I have received and reviewed the following additional documents:

*List reasons for requesting a hearing; or, state information you desire the court to be aware of.*

Date: \_\_\_\_\_

Signature \_\_\_\_\_